



## STD PAM

### March 8, 2006 Reports Completion and User Profiles

#### Location & Time:

When: Wednesday, 03/8/06, from 1:00 PM to 3:00 PM

Where: Corporate Square; Building 1; Conference Room 2102

#### Attendees:

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### Handouts for This Meeting:

- STD Session 4 Presentation

### Discussion Highlights and Decisions:

- **Open Action Items**
  - N/A
- **Key Activities**
  - Findings from the Session
    - o See Requirements/Requests
  - Requirements/Requests – **This document outlines functionality requests and is not a formal requirements document. Functionality will be finalized in a formal requirements document at a later date.**
    - o See the table below for the feedback on reports.
    - o User Roles/Profiles
  - Data Entry
    - Some Data Entry users will need to have the ability to edit cases
    - Data Entry users may not delete a case or submit a case for deletion
    - Data Entry users will have the authority to determine if a case they are entering is already in the system
    - May need to have the ability to manually submit a case to the field for investigation/follow-up
    - Needs to have the ability to view new ELRs in their worklist (Note that this is a change from the Data Entry user screen as defined in the CapGemini BPMM documentation)
  - Disease Intervention Specialist (DIS)
    - May not view job performance reports for any user other than themselves
    - May submit an artifact for deletion to their supervisor but may not confirm the deletion
      - o Some will need to have the authority to delete cases
    - May add a new lab report to an existing case
    - May add a new treatment to a case
    - Receives an alert once the re-interview time has expired.
      - o Re-interview period should be configurable
    - Examples of high-priority alerts:
      - o New lab test
      - o New treatment
      - o New or updated interview record

- Re-interview follow up time expired
  - Re-interview entered
  - Negative confirmatory test entered
  - Case merged with another – alert both DIS if merge occurred with more than one DIS affected
  - Field or interview records that haven't been updated within a specified time period (time period configurable)
  - Change of address for patient
  - Contact information for patient changed
- Supervisor
  - Approves the merging of cases that result from de-duplication
  - Some supervisors will only run some reports. Provide the ability to prevent some supervisor-level users from running reports.
  - Provide the ability to have a supervisor whose work requires review. All of the work submitted by this type of supervisor would need to be reviewed by their immediate supervisor.
- Administrator
  - Logging in as an Administrator does not 'lock' the system – management is meant to be handled by a service level agreement at the site.
- Epidemiologist
  - Has the ability to run selected reports – administrator selects which reports can be run when user is given access
  - Some may view cases but not edit – default is that this user cannot view cases
  - Some will need to have the ability to edit information – the default will be that this user cannot edit data
  - May not view or run reports on worker activities
  - Does not require a worklist – no alerts identified for this user role.
- Action Items:
  - SAIC to investigate whether or not an ELR alert can be configured to go to different user roles. One of the NPP modules may have this capability. SAIC to report to CDC on the extent of this capability in NPP.

### **Next Project Meeting:**

- N/A

<b>Report Name</b>	<b>Business Priority (H/M/L)</b>	<b>Notes</b>
<b>Age, Race, Gender, by Report Source 'by Provider Type'</b>	<b>H</b>	
<b>Morbidity by Risk Factor</b>	<b>H</b>	
<b>Frequency of Treatments by Morbidity Disease</b>	<b>L</b>	
<b>Lab/Provider Reporting Time Frames</b>	<b>H</b>	
<b>Summary of Laboratory Reporting for STDs</b>	<b>H</b>	
<b>Syphilis Reactor Report</b>	<b>H</b>	Would like the ability to sort by risk factor.
<b>Performance Measures Report</b>	<b>H</b>	
<b>Case Management Report</b>	<b>H</b>	This may be run by a DIS in some PH departments (rather than just supervisors and management).
<b>Field Investigation Workload Report</b>	<b>H</b>	Also want total cases assigned by DIS (not included in original requirement)
<b>Program Indicator Report</b>	<b>H</b>	
<b>Worker Interview Activity</b>	<b>H</b>	
<b>Field Investigation Outcome Report</b>	<b>H</b>	
<b>Quarterly Narrative Report</b>	<b>M</b>	
<b>Records Entered by User ID</b>	<b>M</b>	Only want those records created by a user – not those modified.
<b>Timeliness to Case Determination and Treatment</b>	<b>H</b>	This is the time it takes to process a case broken down by steps in the process.
<b>Duplicate Morbidity</b>	<b>H</b>	
<b>Infected FRs, Interview Records, and Positive Lab tests without morbidity</b>	<b>L</b>	
<b>Morbidity Listing</b>	<b>M</b>	
<b>Morbidity Missing Lab or Treatment Record</b>	<b>M</b>	
<b>Provider Diagnosis to Treatment Time Frame Report</b>	<b>L</b>	
<b>Pregnancy Status Report for Interview Records</b>	<b>L</b>	System will have the ability to prioritize cases as they are entered. Pregnancy status can be one of the options on which to

		configure priority.
<b>Summary of Missing Data by Provider/Lab</b>	<b>M</b>	
<b>Line Listing of Records Missing Data</b>	<b>M</b>	
<b>Partner/Cluster FRs not initiated on OP Interview Date</b>	<b>L</b>	
<b>Open Record Report</b>	<b>H</b>	Low if the worklist can meet this requirement
<b>View Open Interview Records</b>	<b>H</b>	Low if the worklist can meet this requirement
<b>Lab Status Report</b>	<b>L</b>	Could be different but it appeared to be this priority
<b>Figure of Disease Rates for 10 Year Period</b>	<b>L</b>	
<b>Figure of Final Diseases Rate by County</b>	<b>L</b>	
<b>Figure of Disease Rates for 10 Year Period by Sex</b>	<b>L</b>	
<b>Figure of Final Disease Rates by Sex and Age</b>	<b>L</b>	
<b>Table of Reported Cases and Rates by County</b>	<b>M</b>	Would like to have the ability to run the report on diagnosis date as well as MMWR date. Also want the ability to set different dates and time periods as grants go on different cycles (this report is usually used for grant requests).
<b>Table of Reported Cases per 100,000 for each State</b>	<b>M</b>	
<b>Table Of Reported Cases For Each State By Race/Ethnicity, Age Group And Sex</b>	<b>M</b>	
<b>Table of Disease Rates per 100,000 For Each State By Race/Ethnicity, Age Group And Sex</b>	<b>M</b>	
<b>Disease Prevalence Reports</b>	<b>M</b>	
<b>Volume of Tests by Provider Type</b>	<b>M</b>	Requires both positive and negative test results.
<b>Distribution of Unsatisfactory Lab Results</b>	<b>L</b>	
<b>Listing of Results by Facility</b>	<b>L</b>	
<b>Listing of Results by Facility and Test Type</b>	<b>L</b>	
<b>Time to Treatment - Performance Measures</b>	<b>H</b>	Should also have the ability to configure the time

		frame (7, 14, 30, and >30 days) as well as capture those patients without treatment.
<b>Graph of Disease Positivity by Facility Type</b>	<b>L</b>	
<b>Table of Disease Positivity by Facility Site</b>	<b>L</b>	
<b>Disease Positivity by Age Group</b>	<b>L</b>	
<b>CT/GC Re-Infection Rates</b>	<b>H</b>	The percentage of new cases during a set timeframe that are coming from repeat infections. Accessed/used by supervisors and managers.
<b>CT/GC Co-Infection Rates (STD Co-Infection Rates by Condition)</b>	<b>H</b>	This includes co-infection rates by all conditions tracked by the system. Scenarios include seeing co-infections of two specific STDs or specifying one STD and see co-infections of all other STDs captured by the system. Used by supervisor/manager.
<b>Volume of Tests by Provider Type</b>	<b>M</b>	Most likely covered by the disease prevalence report mentioned earlier.
<b>Distribution of Unsatisfactory Lab Results</b>	<b>L</b>	Needs unsatisfactory results in order to be useful.